

Supplemental Appendix 1. Sample search

MEDLINE search: (care manag*[tiab] OR "Case Management"[Mesh] OR case manag*[tiab] OR care coordinat*[tiab] OR case coordinat*[tiab] OR patient coordinat*[tiab] OR care facilitat*[tiab] OR patient facilitat*[tiab] OR care navigat*[tiab] OR patient navigat*[tiab] OR health coach*[tiab] OR care partner*[tiab]) AND ("Bipolar and Related Disorders"[Mesh] OR "Schizophrenia Spectrum and Other Psychotic Disorders"[Mesh] OR schizophreni*[tiab] OR schizophreniform[tiab] OR schizoaffective[tiab] OR bipolar[tiab] OR serious mental illness*[tiab] OR seriously mentally ill[tiab])

Supplemental Appendix 2. Quality assessment: Methodology

1. Representativeness: 1 point for a multi-center study, screening in at least 90% schizophrenia/schizoaffective/schizophreniform or bipolar disorder, and addressing a general outpatient population; 0 point if a single-center study, screening <90% schizophrenia or bipolar disorder, or otherwise limited to a sub-population.
2. Response bias: 1 point for comparability established between respondents and non-respondents, or a response rate of at least 90%; 0 point for lack of comparability established and a response rate of <90%, or response data not reported.
3. Appropriateness of design: 1 point for a randomized study with clear randomization protocol; 0 point if not meeting the above criteria.
4. Ascertainment of exposure and non-contamination: 1 point for explicit evidence of complete exposure to intervention, documentation of contamination rate, and at least 80% non-contaminated intervention completion; 0 point if no explicit documentation of exposure completion or contamination rate or <80% intervention completion.
5. Planned follow-up duration: 1 point for a follow-up duration of at least 1 year; 0 point if less than 1 year.
6. Follow-up rate: 1 point for either a) a follow-up completion rate of at least 80%, if the longest follow-up duration is <1 year, or b) a 1-year follow-up rate of at least 80% across all participants; 0 point otherwise.
7. Outcome assessment: Assessed for each category of outcome assessed by the study; total score for this domain is average of the below, excluding categories that are not applicable.
Psychiatric symptoms: 1 point for use of at least one well-described or validated tool (i.e., described in a peer-reviewed journal); 0 point for a poorly described or non-validated tool.

General medical health: 1 point for use of at least one well-described or validated tool (i.e., described in a peer-reviewed journal); 0 point for a poorly described or non-validated tool.

Mental QOL: 1 point for use of at least one well-described or validated tool (i.e., described in a peer-reviewed journal); 0 point for a poorly described or non-validated tool.

Physical QOL: 1 point for use of at least one well-described or validated tool (i.e., described in a peer-reviewed journal); 0 point for a poorly described or non-validated tool.

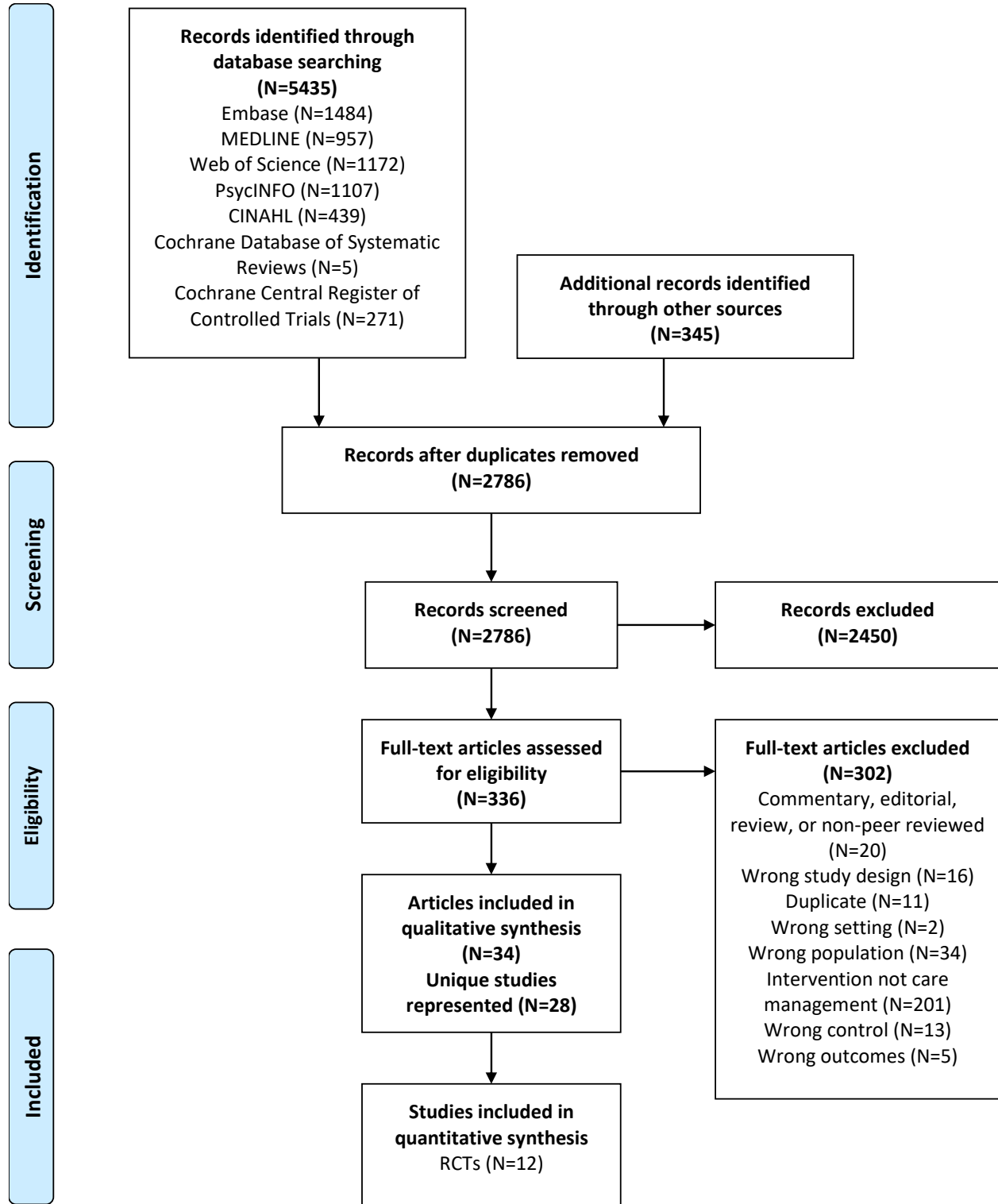
Global QOL: 1 point for use of at least one well-described or validated tool (i.e., described in a peer-reviewed journal); 0 point for a poorly described or non-validated tool.

Patient satisfaction: 1 point for use of at least one well-described or validated tool (i.e., described in a peer-reviewed journal); 0 point for a poorly described or non-validated tool.

Cost: 1 point for a clearly defined and holistic cost metric inclusive of the cost of the intervention; 0 point for a poorly defined metric or a metric not inclusive of the cost of the intervention.

Acute care utilization: 1 point for use of total inpatient days, number of inpatient hospitalizations, or number of emergency department visits, from a comprehensive regional/national database; 0 point otherwise.

Supplemental Figure 1. PRISMA diagram



Supplemental Table 1. Study, subject, intervention, and control characteristics

Study	Study design	# sites	Country	Setting	N for study	% Schizophrenia	% Bipolar	% serious mental illness unspecified	% Non-serious mental illness	% Female	Average age
Bjorkman 2002 (28)	RCT	1	Sweden	Urban community setting in Sweden	77	71%	0%	0%	29%	53%	37.1
Chatterjee 2014 (21)	RCT	3	India	Three districts in India with rural and urban populations	282	100%	0%	0%	0%	47%	36.0
Gelkopf 2016 (29)	RCT	Multiple	Israel	Central and northern regions of Israel; public system of psychiatric rehabilitation services	1729	45%	0%	0%	55%	40%	N/A
Kilbourne 2012 (20)	RCT	2	U.S.	Two community-based mental health outpatient programs in southeastern Michigan	65	0%	100%	0%	0%	60%	45.3

Kilbourne 2013 (30)	RCT	2	United States	Veterans Affairs mental health outpatient clinic in southeastern Michigan and primary care outpatient clinic in northern Ohio	118	3%	97%	0%	0%	17%	52.8
Litchenberg 2008 (31)	RCT	20	Israel	Six communities across central and southern Israel; initiated implemented by Israel's Ministry of Health	217	73%	0%	0%	27%	41%	N/A
Malakouti 2016 (32)	RCT	4	Iran	Four psychiatric centers in Iran, urban setting; implemented by Mental Health Bureau and Iranian Ministry of Health	121	35%	65%	0%	0%	43%	38.6
Marshall 1995 / Gray 1997 (33, 34)	RCT	Multiple	UK	Oxford, recruiting homeless individuals	80	74%	0%	0%	26%	15%	N/A

Puschner 2011 (35)	RCT	5	Germany	University psychiatric inpatient services across five urban and rural catchment areas in Germany	491	59%	0%	0%	41%	48%	41.3
Simon 2005 / Simon 2006 (36, 37)	RCT	4	United States	Four group-model behavioral health clinics in managed care organization in Washington State	441	0%	100%	0%	0%	68%	44.2
Speyer 2016 / Jakobsen 2017 (38, 39)	RCT	2	Denmark	Two major Danish cities, Aarhus and Copenhagen	290	100%	0%	0%	0%	56%	39.0
Varga 2018 (40)	RCT	2	Hungary	Urban community setting in Pécs, Hungary	49	100%	0%	0%	0%	49%	38.6
Alonso Suarez 2011 (41)	Time-series analysis	3	Spain	Three community mental health services in three districts of	250	100%	0%	0%	0%	36%	34

				Spain (Alcalá, Torrejón, Fuencarral)								
Balsera Gomez 2002 (42)	Time-series analysis	Multiple	Spain	Two healthcare sectors of Catalonia, Spain (Gavà and Sants-Montjuic)	30	90%	0%	0%	10%	40%	40	
Bjorkman 2000 / Bjorkman 2007 (43, 44)	Time-series analysis	10	Sweden	Ten urban community settings in Sweden	176	72%	0%	0%	28%	47%	41	
Cabassa 2016 (45)	Time-series analysis	1	U.S.	Public outpatient mental health clinic in Manhattan	34			Majority of subjects		68%	54.1	
Huguelet 1997 (46)	Time-series analysis	1	Switzerland	Outpatient system in Jonction area of University of Geneva Department of Psychiatry	59	86%	0%	0%	14%	25%	35	

Karper 2008 (47)	Prospective cohort	1	U.S.	Homeless shelter with substance use treatment in Pennsylvania	75	17%	37%	0%	45%	0%	38.7
Maples 2012 (48)	Non-RCT	2	U.S.	Two clinics in Bexar County, Texas; one clinic served as intervention site, other clinic served as control; recruitment from two private and one state hospital	670	0%	0%	100%	0%	40%	37.0
Mas-Exposito 2015 (49)	Prospective cohort	10	Spain	Ten adult mental health centers in Barcelona, Spain; program set up by Catalan Health Department	163	100%	0%	0%	0%	32%	41.7
Sendra- Gutierrez 2013 (50)	Retrospective cohort	1	Spain	Mental health center and hospital in Segovia, Spain, with rural and urban population	92	100%	0%	0%	0%	35%	48.7

Uys 1996 (51)	Non-RCT	1	South Africa	Two clinics in rural area of KwaZulu-Natal, near Ulundi, South Africa; one clinic served as source of intervention group, another clinic served as source of control group	41	Majority of subjects					44%	N/A
Franklin 1987 (52)	RCT	1	U.S.	Catchment area of a community mental health center in Texas	417	56%	0%	0%	44%	51%	N/A	
Goering 1988 (53)	Prospective cohort	4	Canada	Toronto metropolitan area, psychiatric aftercare	184	77%	0%	0%	23%	57%	N/A	
Macias 1997 (54)	Prospective cohort	1	U.S.	Private non-for-profit mental health agency for Medicaid enrollees in Salt Lake City	97	60%	0%	0%	40%	45%	40	
Parks 2010 (55)	Retrospective cohort	Multiple	U.S.	Missouri Medicaid program	6061	100%	0%	0%	0%	N/A	N/A	

Rossler 1992 (56)	Retrospective cohort	4	Germany	4 catchment areas in the German federal state of Baden- Württemberg	324	59%	0%	0%	41%	55%	N/A
Tomita 2012 / 2014 / 2015 (57–59)	RCT	2	U.S.	Discharge from transitional residences on grounds of psychiatric hospital in NYC metropolitan area	150	96%	0%	0%	4%	29%	37.5

Study	Intervention: Clinician vs. Non- Clinician	Intervention explicitly involves social service coordination (Y/N)	Intervention explicitly involves direct care provision (Y/N)	Care manager is embedded within outpatient psychiatric team (Y/N)	Intervention explicitly involves medical/physical health component (Y/N)	Intervention: caseload (number of patients per care manager FTE)	Duration of intervention: planned (in months)	Control
Bjorkman 2002 (28)	Clinician	Y	N	N	N	8.3	36	Psychiatric services including outpatient, inpatient, and daycare facilities

Chatterjee 2014 (21)	Clinician	Y	Y	N	N	N/A	12	Facility-based care provided by specialist mental health practitioners, including psychiatrists
Gelkopf 2016 (29)	Clinician	Y	Y	N	N	N/A	20	Psychiatric Rehabilitation Services, provided by trained mental health professionals
Kilbourne 2012 (20)	Clinician	N	Y	N	Y	N/A	6	Community-based mental health outpatient care plus monthly mailings on wellness topics and referral to off-site primary care services
Kilbourne 2013 (30)	Clinician	N	Y	N	Y	29	12	Standard mental healthcare and medical treatment plus regular mailings regarding wellness topics and provision of practice guideline information to general medical and mental health providers at beginning of study
Litchenberg 2008 (31)	Clinician	Y	Y	Y	N	30	12	Standard mental health care, including monthly meeting with psychiatrist, meeting every 2 weeks with nurse, and access to a social worker as needed

Malakouti 2016 (32)	Clinician	N	Y	N	N	20	12	Care by family and outpatient clinic, typically medication prescription by psychiatrist
Marshall 1995 / Gray 1997 (33, 34)	N/A	Y	N	N	N	N/A	14	Any assistance subjects had been receiving prior to randomization
Puschner 2011 (35)	N/A	N	N	N	N	N/A	3	Treatment as usual in outpatient services
Simon 2005 / Simon 2006 (36, 37)	Clinician	N	Y	N	N	95	24	Usual care at group-model behavioral health clinic
Speyer 2016 / Jakobsen 2017 (38, 39)	Clinician	N	Y	N	Y	35	12	Usual care with general practitioner and secondary mental health services
Varga 2018 (40)	N/A	N	N	N	N	N/A	6	Antipsychotic psychopharmacology and monthly consultations with psychiatrist

Alonso Suarez 2011 (41)	Clinician	Y	Y	Y	N	32.5	48	Multidisciplinary care including psychiatrist, psychologist, nurse, social worker
Balsera Gomez 2002 (42)	N/A	Y	N	N	N	15	12	Mental health services in two sectors of Catalonia
Bjorkman 2000 / Bjorkman 2007 (43, 44)	Clinician	Y	N	N	N	5.7	72	Psychiatric services in Sweden
Cabassa 2016 (45)	Clinician	N	Y	N	Y	14.5	12	Public outpatient mental health clinic care
Huguelet 1997 (46)	Clinician	Y	Y	Y	N	17	12	Outpatient care through University of Geneva Department of Psychiatry
Karper 2008 (47)	Clinician	N	N	N	N	N/A	12	Substance abuse treatment through Allentown Rescue Mission shelter and outpatient care through Lehigh Valley Hospital Department of Psychiatry

Maples 2012 (48)	Clinician and non-clinician	N	Y	Y	N	N/A	6	Outpatient mental health care at Center for Health Care Services clinic
Mas-Exposito 2015 (49)	Clinician	N	Y	Y	N	N/A	12	Adult mental health center care
Sendra- Gutierrez 2013 (50)	Clinician	Y	Y	N/A	N	N/A	24	Outpatient care in the Mental Health Center "Antonio Machado"
Uys 1996 (51)	Clinician	Y	Y	Y	N	8	6	Outpatient mental health clinic
Franklin 1987 (52)	Clinician and non-clinician	Y	N	N	N	30	12	Care at a community mental health center in Texas
Goering 1988 (53)	Clinician and non-clinician	Y	N	N	N	17.5	24	Matched by sex, hospital setting, number of previous admissions, diagnosis, employment status
Macias 1997 (54)	Clinician	Y	N	N	N	16	9	Inpatient and outpatient care, as well as clinic and off-site services

Parks 2010 (55)	Non-clinician	Y	Y	N	N	N/A	12	Population not receiving case management program
Rossler 1992 (56)	Clinician	Y	Y	N	N	10.1	6	Well-developed psychiatric care system with general practitioners and psychiatrists
Tomita 2012 / 2014 / 2015 (57–59)	Non-clinician	Y	N	N	N	N/A	9	Discharge planning services and access to psychiatric treatment while in residential setting; usual community-based services

Supplemental Table 2. Qualitative summary of outcomes by study (+I: intervention cohort favored; +C: control cohort favored; NS: no significant difference)

Study	Study design	Psychiatric symptoms	Physical QOL	Mental QOL	Global QOL	Patient satisfaction	Healthcare costs	Inpatient hospitalizations	Inpatient days	Emergency department visits
Bjorkman 2002 (28)	RCT	NS			NS	+I			NS	
Chatterjee 2014 (21)	RCT	+I					+C			
Gelkopf 2016 (29)	RCT	NS			+I					
Kilbourne 2012 (20)	RCT	NS	NS	NS						NS
Kilbourne 2013 (30)	RCT	NS	NS	NS						
Litchenberg 2008 (31)	RCT							NS	NS	
Malakouti 2016 (32)	RCT	+I		+I		+I				
Marshall 1995 / Gray 1997 (33, 34)	RCT	NS			NS		+C			
Puschner 2011 (35)	RCT	NS			NS			NS	NS	

Simon 2005 / Simon 2006 (36, 37)	RCT	NS							NS	
Speyer 2016 / Jakobsen 2017 (38, 39)	RCT	+I			NS					
Varga 2018 (40)	RCT	NS								
Alonso Suarez 2011 (41)	Time-series analysis							+I	+I	NS
Balsera Gomez 2002 (42)	Time-series analysis	+I						+I	NS	
Bjorkman 2000 / Bjorkman 2007 (43, 44)	Time-series analysis	+I	+C	+I	+I			+I	+I	
Cabassa 2016 (45)	Time-series analysis		NS	NS						

Huguelet 1997 (46)	Time-series analysis	+I								
Karper 2008 (47)	Prospective cohort	NS								
Maples 2012 (48)	Non-RCT							+C	NS	
Mas-Exposito 2015 (49)	Prospective cohort		NS	NS	NS			NS	NS	NS
Sendra-Gutierrez 2013 (50)	Retrospective cohort							NS		
Uys 1996 (51)	Non-RCT	NS								
Franklin 1987 (52)	RCT						NS	NS	NS	NS
Goering 1988 (53)	Prospective cohort							NS		
Macias 1997 (54)	Prospective cohort	NS								

Supplemental Table 3. Scales used

Study	Psychiatric symptoms	Mental QOL	Physical QOL	Global QOL	Patient satisfaction
Bjorkman 2002 (28)	Symptom Checklist-90 (SCL-90)			Lancashire Quality of Life Profile (LQOLP)	Swedish Institute for Health Services Development patient satisfaction (SPRI)
Chatterjee 2014 (21)	Positive and Negative Syndrome Scale (PANSS)				
Gelkopf 2016 (29)	Colorado Symptom Index (CSI)			Modified Manchester Short Assessment of Quality of Life (MANSA)	

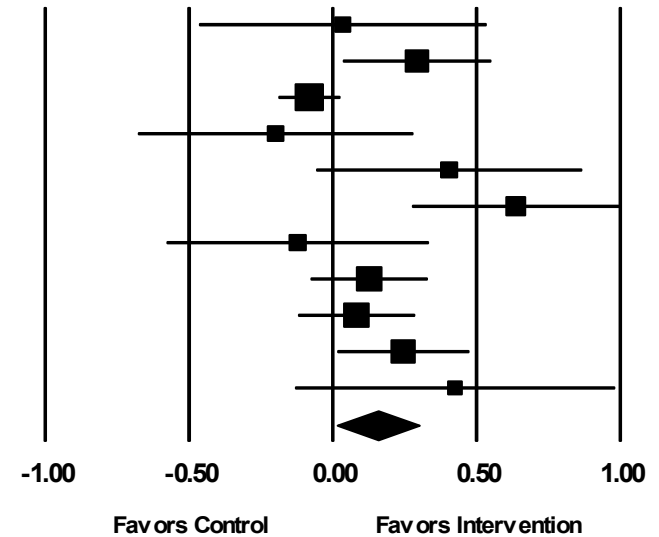
Kilbourne 2012 (20)	Internal State Scale (ISS) - Manic Symptoms	12-item Short Form (SF-12) - Mental Health	12-item Short Form (SF-12) - Physical Health		
Kilbourne 2013 (30)	Internal State Scale (ISS) - Manic Symptoms	12-item Short Form (SF-12) - Mental Health	12-item Short Form (SF-12) - Physical Health		
Litchenberg 2008 (31)					
Malakouti 2016 (32)	Positive and Negative Syndrome Scale (PANSS)	36-item Short Form (SF-36) - Mental Health			Client Questionnaire Satisfaction (CQS)
Marshall 1995 / Gray 1997 (33, 34)	Manchester Scale			The Quality of Life Interview	
Puschner 2011 (35)	Brief Psychiatric Rating Scale (BPRS)			Manchester Short Assessment of Quality of Life (MANSA)	

Simon 2005 / Simon 2006 (36, 37)	6-point Psychiatric Status Rating (PSR) for Mania				
Speyer 2016 / Jakobsen 2017 (38, 39)	Scale for Assessment of Positive Symptoms (SAPS)			Manchester Short Assessment of Quality of Life (MANSA)	
Varga 2018 (40)	Positive and Negative Syndrome Scale (PANSS)				

Supplemental Figure 2. Meta-analysis

Psychiatric symptoms

Study	Effect size (95% CI)	p-value
Bjorkman 2002 (28)	0.04 (-0.47, 0.54)	0.89
Chatterjee 2014 (21)	0.29 (0.03, 0.55)	0.03
Gelkopf 2016 (29)	-0.08 (-0.19, 0.03)	0.15
Kilbourne 2012 (20)	-0.20 (-0.68, 0.28)	0.42
Kilbourne 2013 (30)	0.41 (-0.06, 0.87)	0.09
Malakouti 2016 (32)	0.64 (0.27, 1.00)	0.001
Marshall 1995 (33) / Gray 1997 (34)	-0.12 (-0.58, 0.34)	0.60
Puschner 2011 (35)	0.13 (-0.08, 0.33)	0.23
Simon 2005 (36) / Simon 2006 (37)	0.08 (-0.12, 0.29)	0.43
Speyer 2016 (38) / Jakobsen 2017 (39)	0.25 (0.01, 0.48)	0.04
Varga 2018 (40)	0.43 (-0.13, 0.98)	0.14
Meta-analysis (I-squared=63.4; Q=27.3; p=0.002)	0.15 (0.01, 0.30)	0.03



Mental QOL

Study

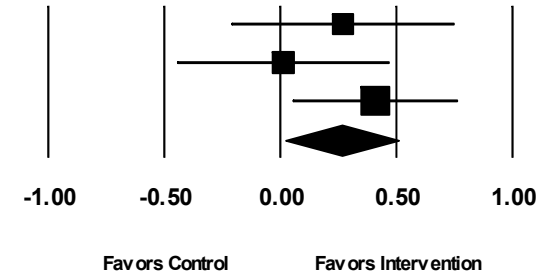
Kilbourne 2012 (20)
Kilbourne 2013 (30)
Malakouti 2016 (32)
Meta-analysis (I-squared=0.0; Q=1.8; p=0.41)

Effect size (95% CI)

0.27 (-0.21, 0.75)
0.01 (-0.45, 0.47)
0.41 (0.05, 0.77)
0.26 (0.02, 0.51)

p-value

0.27
0.96
0.03
0.04



Physical QOL

Study

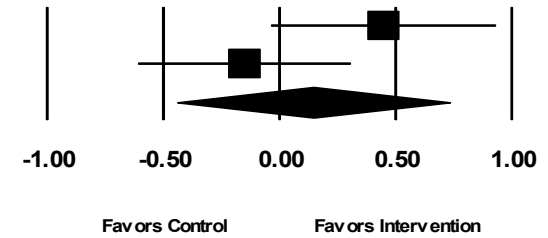
Kilbourne 2012 (20)
Kilbourne 2013 (30)
Meta-analysis (I-squared=67.4; Q=3.1; p=0.08)

Effect size (95% CI)

0.45 (-0.04, 0.94)
-0.15 (-0.61, 0.31)
0.14 (-0.44, 0.73)

p-value

0.07
0.52
0.63



Global QOL

Study

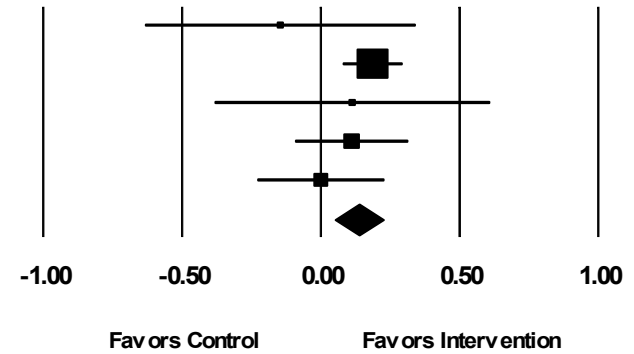
Bjorkman 2002 (28)
 Gelkopf 2016 (29)
 Marshall 1995 (33) / Gray 1997 (34)
 Puschner 2011 (35)
 Speyer 2016 (38) / Jakobsen 2017 (39)
 Meta-analysis (I-squared=0.0; Q=3.5; p=0.48)

Effect size (95% CI)

-0.15 (-0.64, 0.34)
 0.19 (0.08, 0.30)
 0.11 (-0.39, 0.61)
 0.11 (-0.10, 0.32)
 0.00 (-0.23, 0.23)
 0.13 (0.05, 0.22)

p-value

0.56
 0.001
 0.66
 0.29
 1.00
 0.002



Patient satisfaction

Study

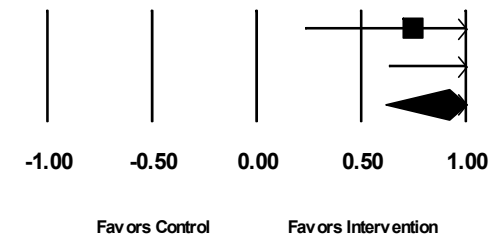
Bjorkman 2002 (28)
 Malakouti 2016 (32)
 Meta-analysis (I-squared=0.0; Q=0.6; p=0.43)

Effect size (95% CI)

0.75 (0.23, 1.27)
 1.01 (0.63, 1.38)
 0.92 (0.61, 1.22)

p-value

0.005
 <0.001
 <0.001



Healthcare costs

Study

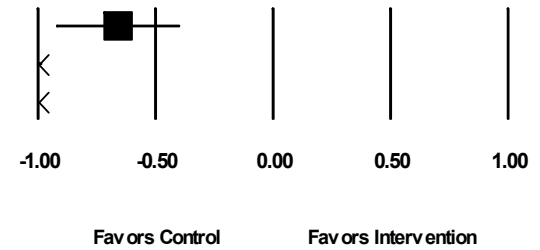
Chatterjee 2014 (21)
 Marshall 1995 (33) / Gray 1997 (34)
 Meta-analysis (I-squared=87.1; Q=7.7; p=0.005)

Effect size (95% CI)

-0.66 (-0.93, -0.39)
 -1.55 (-2.11, -0.98)
 -1.07 (-1.93, -0.20)

p-value

<0.001
 <0.001
 0.02



Number of inpatient psychiatric hospitalizations

Study

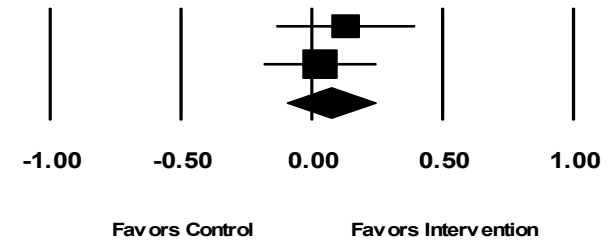
Litchenberg 2008 (31)
 Puschner 2011 (35)
 Meta-analysis (I-squared=0.0; Q=0.3; p=0.58)

Effect size (95% CI)

0.13 (-0.14, 0.40)
 0.03 (-0.19, 0.25)
 0.07 (-0.10, 0.24)

p-value

0.34
 0.78
 0.41



Number of inpatient psychiatric hospital days

Study

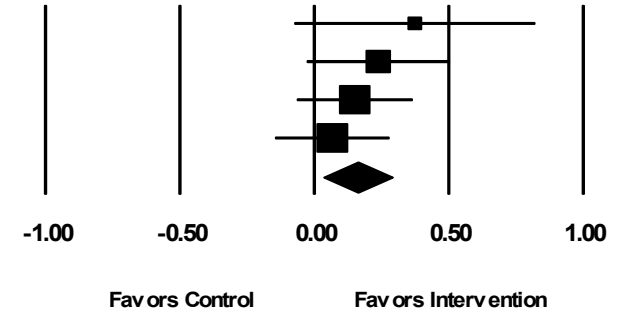
Bjorkman 2002 (28)
Litchenberg 2008 (31)
Puschner 2011 (35)
Simon 2005 (36) / Simon 2006 (37)
Meta-analysis (I-squared=0.0; Q=1.9; p=0.59)

Effect size (95% CI)

0.37 (-0.08, 0.82)
0.24 (-0.03, 0.51)
0.15 (-0.07, 0.37)
0.07 (-0.15, 0.28)
0.16 (0.03, 0.29)

p-value

0.10
0.08
0.18
0.54
0.02



Supplemental Table 4. Quality assessment: Results

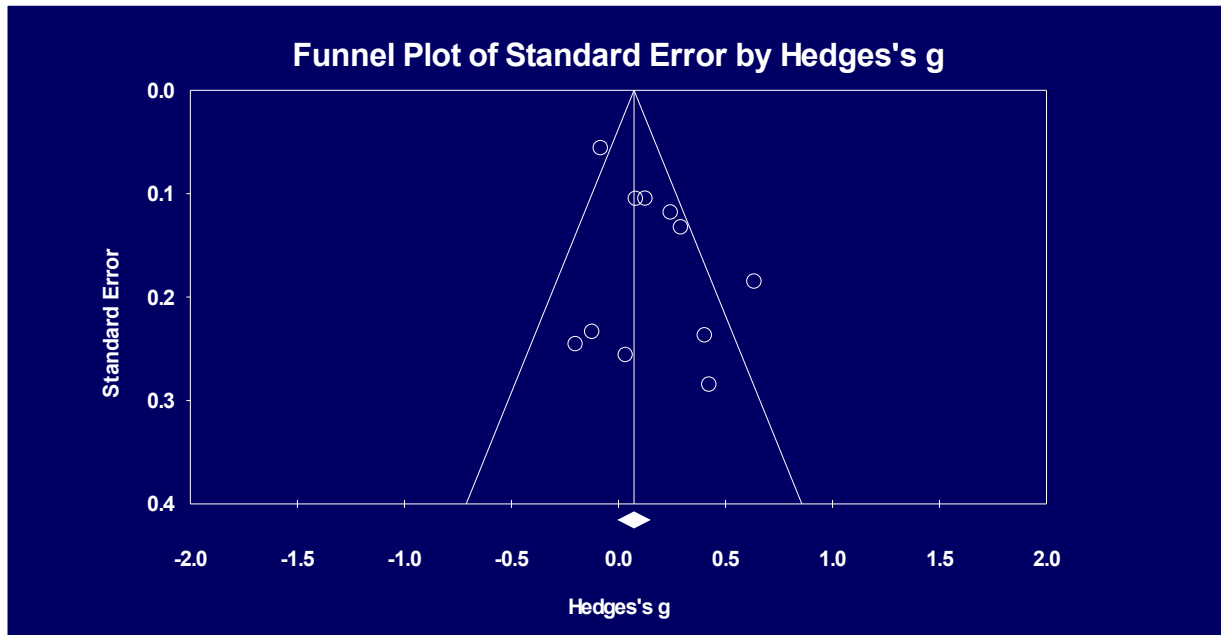
Study	1. Representativeness	2. Response bias	3. Appropriateness of design	4. Exposure and non-contamination	5. Planned follow-up	6. Follow-up rate	7. Outcomes assessment	Psychiatric symptoms	Mental QOL	Physical QOL	Global QOL	Patient satisfaction	Cost	Acute care utilization	Total score
Bjorkman 2002 (28)	0	0	1	0	1	0	1	1	--	--	1	1	--	1	3
Chatterjee 2014 (21)	1	0	1	0	1	1	1	1	--	--	--	--	1	--	5
Gelkopf 2016 (29)	0	0	1	1	1	1	1	1	--	--	1	--	--	--	5
Kilbourne 2012 (20)	1	1	1	0	1	1	1	1	1	1	--	--	--	1	6
Kilbourne 2013 (30)	0	0	1	0	1	0	1	1	1	1	--	--	--	--	3
Litchenberg 2008 (31)	0	0	1	0	1	1	1	--	--	--	--	--	--	1	4
Malakouti 2016 (32)	1	0	1	0	1	1	1	1	1	--	--	1	--	--	5

Marshall 1995 / Gray 1997 (33, 34)	0	0	1	0	1	0	1	1	--	--	1	--	1	--	3
Puschner 2011 (35)	0	0	1	0	1	0	1	1	--	--	1	--	--	1	3
Simon 2005 / Simon 2006 (36, 37)	1	1	1	0	1	0	1	1	--	--	--	--	--	1	5
Speyer 2016 / Jakobsen 2017 (38, 39)	1	1	1	0	1	1	1	1	--	--	1	--	--	--	6
Varga 2018 (40)	1	0	0	0	0	1	1	1	--	--	--	--	--	--	3
Alonso Suarez 2011 (41)	1	0	0	0	1	1	1	--	--	--	--	--	--	1	4

Balsera Gomez 2002 (42)	1	0	0	0	1	1	1	1	--	--	--	--	--	1	4
Bjorkman 2000 / Bjorkman 2007 (43, 44)	0	0	0	0	1	0	1	1	1	1	1	--	--	1	2
Cabassa 2016 (45)	0	0	0	0	1	1	1	--	1	1	--	--	--	--	3
Huguelet 1997 (46)	0	0	0	0	1	1	1	1	--	--	--	--	--	--	3
Karper 2008 (47)	0	0	0	0	1	0	1	1	--	--	--	--	--	--	2
Maples 2012 (48)	0	0	0	0	1	1	1	--	--	--	--	--	--	1	3
Mas- Exposito 2015 (49)	1	0	0	0	1	1	1	--	1	1	1	--	--	1	4
Sendra- Gutierrez 2013 (50)	0	0	0	0	1	1	0	--	--	--	--	--	--	0	2

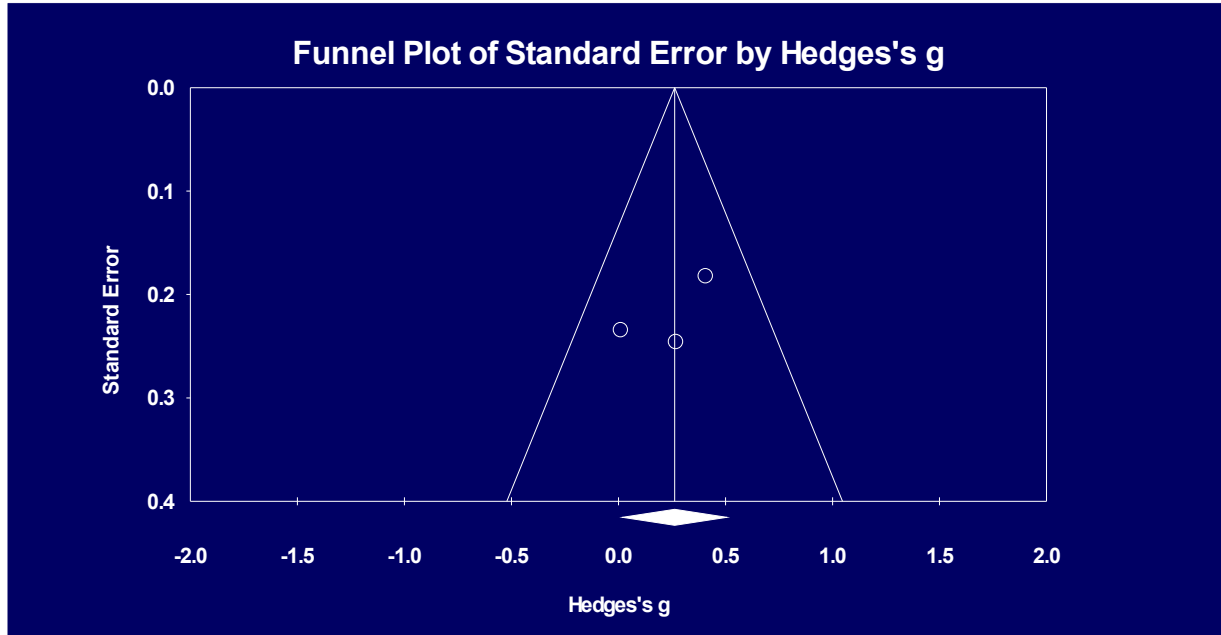
Supplemental Figure 3. Forest plots and Egger test

Psychiatric symptoms



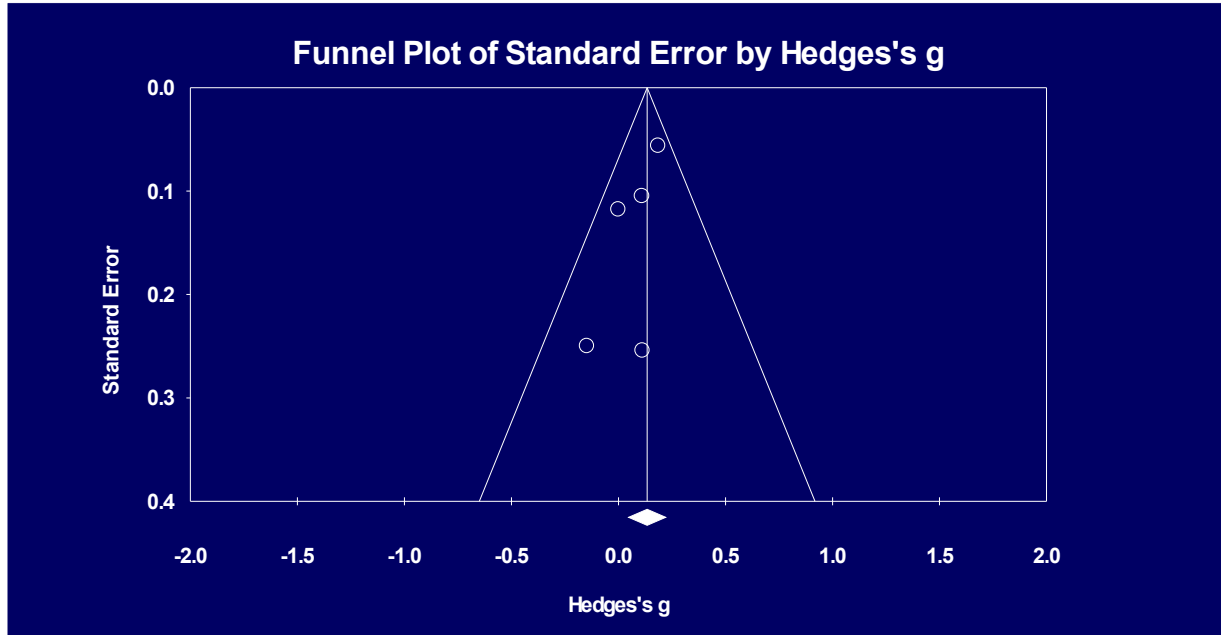
Intercept (95% CI): 1.71 (-0.32, 3.74); $p=0.09$

Mental QOL



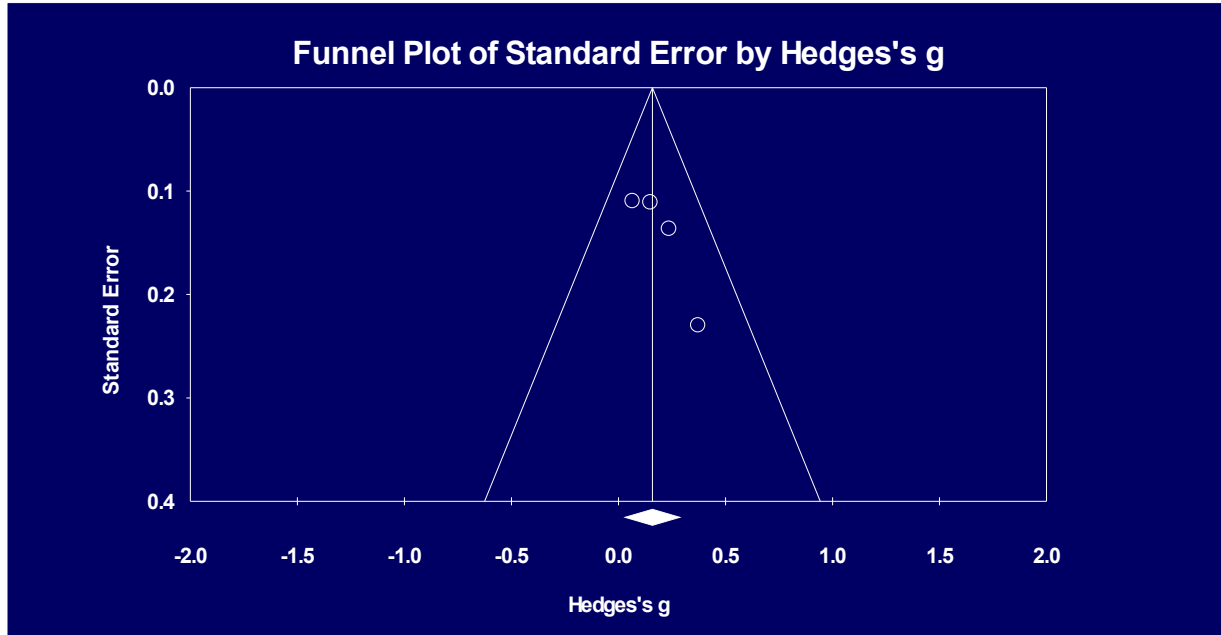
Intercept (95% CI): -4.18 (-53.52, 45.16); p=0.48

Global QOL



Intercept (95% CI): -1.30 (-3.21, 0.61); $p=0.12$

Number of inpatient psychiatric hospital days



Intercept (95% CI): 2.41 (-1.75, 6.56); p=0.13